

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/674875</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2		1					52				
3		1					53				
4	1						54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
9		1					59				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	6	←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS	9						TOTAL CLAIMS				